

The Fatal Temptation: Drug Prohibition and the Fear of Autonomy

IN AMERICA, QUIPPED WILL ROGERS, “Everything has a slogan, and, of all the bunk in America, the slogan is the champ. . . Congress even has slogans: ‘Why sleep at home, when you can sleep in Congress?’; ‘Be a politician—no training necessary!’”¹

I would add that, of all the bunk in America, our champion slogans are about drugs and medical ethics: “Just say ‘no’ to drugs,” “the sanctity of life,” “pro-choice,” “the right to life,” “the right to die,” “the right to treatment,” “the right to reject treatment”—slogans all, some contradicting others and yet all coexisting comfortably in mindless harmony. If the right to autonomy—to our bodies, minds, and selves—means anything, it means a right to suicide. And if pro-choice means anything, it must mean the right to use or abstain from using any particular drug. And yet these are precisely the rights no normal American endorses. Indeed, we are so phobic about suicide that we fear even knowing about it. According to a survey reported in the May 18, 1992 issue of *U.S. News & World Report*, 71 percent of Americans would like libraries to ban “books describing how to commit suicide.”² I suggest, then, that fear of the temptation to commit suicide is a critical, yet rarely considered, facet of drug controls.

The right to do X does not mean that doing X is morally meritorious. We have a right to divorce our spouse, vote for a politician we know nothing about, eat until we are obese, or squander our money on lottery tickets. Thus, the phrase *right to suicide* does not mean that suicide is a morally desirable or merito-

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rious act. It means only that agents of the state have no right or power to interfere, by prohibitions or punishments, with a person's decision to kill himself. Those who desire to prevent a particular person from committing suicide must content themselves with their power, such as it might be, to persuade him to change his mind.

Because we have a free market in food, we can buy all the bacon, eggs, and ice cream we want and can afford. If we had a free market in drugs, we could similarly buy all the barbiturates, chloral hydrate, and morphine we want and could afford. We would then be free to die—easily, comfortably, and surely—without any need for recourse to “death doctors” or violent means of suicide, and without fear of being kept alive against our will to die a protracted, painful, and extravagantly expensive death in a building misnamed a “hospital.” We would then no longer have to complain about doctors, nurses, relatives, hospitals, and courts overtreating us, undertreating us, withholding pain medications from us, keeping us alive, and depriving us of our “right to die.”³

How did the idea of a *right to die* arise? How can the inevitable biological destiny of all living beings be a right? What does the phrase mean? Actually, the phrase refers primarily to our confused rejection of the spectacle of doctors keeping moribund persons alive with the aid of modern biotechnological machinery. Why do physicians do this? Because they enjoy the powers science and the state have put in their hands; because they often have both professional and economic incentives for it; because they assume that is what the patient would want; because courts or kin command them to do “everything possible” to keep the patient alive; and, lastly, because withholding life-sustaining measures could be regarded as deliberately killing the patient. In short, we prattle about a *right to die* because we prefer mouthing uplifting slogans to thinking seriously about the meaning of life.

For most of us today, the term *sanctity of life* has lost virtually all meaning. We cling to life—up to a point. After that, we want to be “allowed” to die—an imagery that falsely implies that we are inescapably bound to persons determined to prevent us from dying. To deny them that role, we have complemented the proposition that we have a right to life (which has become the code phrase of the antiabortion movement), with the seemingly contrary proposition that we have a right to die.

However, the similarity between these two semantically reciprocal rights is illusory. Each addresses a completely different set of existential choices and ethical perplexities. The phrase *right to life* refers to the (“natural”) inception of life; moreover, this “right” is ascribed to *all* unborn fetuses and belongs to each unconditionally. Whereas the phrase *right to die* refers to the (“unnatural”) termination of life; and this “right” is ascribed *only* to terminally ill persons and, in practice, often belongs to their relatives.⁴

Thus, the phrase *right to die* is emblematic not only of our skittishness about suicide and our longing for good doctors to kill us at just the right time and in just the right way, but, more fundamentally, of our repudiation of bodily self-ownership and the responsibilities that go with it. It remains to be seen how many Americans prefer legalizing doctors to kill them to legalizing themselves to own drugs, and shouldering the responsibilities which the ownership of such a valuable property entails.

So long as the phrase *right to die* does not include an unqualified right to suicide—a subject its supporters never mention—it is destined to be nothing more or less than just another step in the medicalization of life and in our headlong rush into the deadly embrace of the Therapeutic State. On the other hand, if the phrase is intended to encompass the right to suicide, then—lest it be an empty slogan—the right to die must include the right to drugs. We know, however, that most people—especially in the United States—consider the desire to commit suicide, much less the act itself, not a right but a symptom of preventable and treatable mental illness. As against this view, I hold that the option to commit suicide is inherent in the human condition; that committing suicide ought to be considered a basic human right and may sometimes be a moral duty; and the expectation or threat of suicide never justifies the coercive control of the (allegedly) suicidal person. At the same time, I consider it a basic moral wrong for a physician to kill a patient, or anyone else, and call it “euthanasia.”⁵ This does not mean that “pulling the plug” on a dying patient is (necessarily) an immoral act; it means only that doing so does not (necessarily) require medical expertise, should not be defined as a medical intervention, and should not be delegated (specifically) to physicians. I maintain that our longing for doctors to give us lethal drugs betokens our desire to evade responsibility for giving such drugs to ourselves; and that so long as we are more

interested in investing doctors with the right to kill than in reclaiming our own right to drugs, our discourse about rights and drugs is destined to remain empty, meaningless chatter.

Of course, people cannot expect to regain their right to acts and objects unless they are willing and prepared to assume responsibility for the conduct of the acts and the care of the objects in question. Since the most important practical consequence of our loss of the right to bodily self-ownership is the denial of legally unrestricted access to drugs, the most important symbol of the right to our bodies now resides in our reasserting our right to drugs—to all drugs, not just to one or another so-called recreational drug. At this point, we come face-to-face with our real drug problem—namely, that most Americans today do not want to have legally unrestricted access to drugs. On the contrary, they dread the idea and the prospect it portends.

In sum, it seems to me that we have launched ourselves on a self-contradictory quest—that is, for an America where no one “abuses” drugs because doctors effectively control drug use, and where everyone dies a painless and pleasant death because doctors compassionately kill “dying” people who want to be killed. Having combined a dread of dying a protracted, pointless, and perhaps painful death with a fear of living with a free market in drugs, we have negated our chances for attaining pharmacological autonomy—that is, freedom and responsibility vis-à-vis the drugs we take similar to the freedom and responsibility we have vis-à-vis the foods we eat, the books we read, and the religions we profess.

ENDNOTES

¹W. Rogers, “Slogans, Slogans Everywhere (1925),” in Bryan B. and Frances N. Sterling, eds., *A Will Rogers Treasury* (New York: Bonanza Books, 1982), 71.

²“Banishing books?” *U.S. News & World Report*, 18 May 1992, 76.

³See, for example, J. Somerville, “Illinois task force issues model right-to-die bill,” *American Medical News*, 20 April 1990, 20.

⁴See T.S. Szasz, *Living With It* (Buffalo: Prometheus Books, 1991), 204.

⁵See T.S. Szasz, “The ethics of suicide (1971),” in *The Theology of Medicine* (Syracuse: Syracuse University Press, 1988), 68–85; “The case against suicide prevention,” *American Psychologist* 41 (July 1986): 806–12; and *The Untamed Tongue: A Dissenting Dictionary* (LaSalle, Ill.: Open Court, 1990), 245–52.